

Michigan Department of Community Health  
**Board of Social Workers**  
P.O. Box 30670  
Lansing, Michigan 48909  
(517) 335-0918

## **SOCIAL WORK RE-REGISTRATION INSTRUCTIONS**

Authority: P.A. 368 of 1978, as amended  
This form is for information only.

**NOTE:** It is your responsibility to have all the required documentation sent to the Board of Social Workers. Questions regarding your application can be directed to the Michigan Board of Social Workers at (517) 335-0918 three weeks after the date you sent the application. Please allow 4-6 weeks processing time. Applications submitted without the required registration fee, the applicant's signature and date will be returned.

### **GENERAL INSTRUCTIONS FOR RE-REGISTRATION**

1. Type or print legibly on all forms and send the original application, with the proper fee, to the Board of Social Workers. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for registration within two years from the date of filing the application, the application and fee are no longer valid.
2. If your registration expired within the last 3 years you must also submit the re-registration application and return it with the appropriate fee. If you have ever held a permanent social work license/registration in one or more states, each state must submit verification of licensure/registration directly to the Board office.
3. If your registration expired more than 3 years ago you must also submit the re-registration application and return it with the appropriate fee. If a permanent CSW/SW/SWT license or registration is currently held in one or more states, each state must submit verification of licensure/registration directly to the Board office.
4. If you are a certified social worker (CSW) or a social worker (SW) and your registration expired more than 3 years ago you must also submit the re-registration application and return it with the appropriate fee. If a permanent CSW or SW license or registration is not currently held in another state, you must take and pass the required ASWB examination. Applicants for social worker re-registration are required to pass the ASWB Basic Examination. Applicants for certified social worker registration are required to pass the ASWB Clinical Examination.
  - a. Once your application, fee and any required documentation is received, you will be sent an ASWB Candidate Handbook that contains information about how to apply for the appropriate examination. More information about the examinations can be obtained at [www.aswb.org](http://www.aswb.org).
  - b. You will be sent an Authorization Letter from ASWB after you have registered for the ASWB examination. The Authorization Letter will include a telephone number for you to call to schedule your examination. The exams are administered in a computerized format in over 150 test centers across the United States. Once you have received your Authorization Letter, you must sit for the examination within one year.
5. If you were initially registered as a social worker based on the fact that you were enrolled in a graduate program of social work, the Board office must receive either:
  - a. final, official transcripts sent from your school that show the date your graduate degree was conferred; or
  - b. a letter sent from your Program Director that states that you are currently enrolled in a graduate school of social work.

## **GENERAL INFORMATION:**

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes before the exam date, notify the Board of Social Work in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](http://www.michigan.gov/healthlicense) from our website [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, Application Section, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Social Work in writing to request a refund.
3. ***If you require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit a letter verifying the disability and the requested accommodation from a licensed health provider capable of making the diagnosis. In addition, please include a letter or other documentation from school personnel verifying the accommodations made during your education. These documents should be submitted when you submit your license application and preferably prior to that date. The information should be sent to: DCH, Bureau of Health Professions, ATTN: ADA Request, P.O. Box 30670, Lansing, MI 48909.***

ORIGINAL REGISTRATIONS ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE GOOD FOR A TWO-YEAR PERIOD.

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www.michigan.gov/healthlicense

DCH/LSW-400 (02/05)

### APPLICATION FOR RE-REGISTRATION

Authority: Public Act 368 of 1978, as amended.  
If this form is not completed, a license will not be issued.

Type or Print Only

#### I AM APPLYING FOR RE-REGISTRATION OF THE FOLLOWING (Check One Only):

- ☐ **Certified Social Worker - Fee: \$60.00 71-6801-06**
- ☐ **Social Worker - Fee: \$60.00 71-6801-06**
- ☐ **Social Work Technician - Fee: \$60.00 71-6801-06**

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application.  
**DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name		Middle Name	Last Name
U.S. Social Security Number		Date of Birth	Daytime Telephone Number
Street Address			
City		State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)			
Has your Michigan social work registration been lapsed more than three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Michigan Registration Number and Expiration Date	

Board Use Only

License Number

Date of Licensure

**Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.**

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name
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7. Have you ever had a federal or state health professional registration or license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? ☐ Yes ☐ No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? ☐ Yes ☐ No

List the state(s) in which you hold or have ever held a license or registration for your profession, the license number, the date issued, and how the license was obtained (either endorsement or examination). **DO NOT LIST TEMPORARY LICENSE. You must have each state board verify licensure or registration directly to this board office. (Attach additional sheets if necessary.)**

State	Permanent License/Registration Number	Date of Issue	How obtained (Endorsement/Examination)

If your license expired **WITHIN THE LAST 3 YEARS**, complete this form and return it along with the appropriate fee.

If your SW or CSW license expired **MORE THAN 3 YEARS AGO**, please check the appropriate box below and follow the instructions given:

- ☐ 1. I hold a current license in the following state:  
\_\_\_\_\_
- ☐ 2. I do not hold a current license in another U.S. Jurisdiction and, therefore, must take and pass the required ASWB examination. Applicants for social work registration must pass the ASWB Bachelors Examination. Applicants for certified social worker registration must pass the ASWB Clinical examination.

### CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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Michigan Department of Community Health  
**Bureau of Health Professions**  
P.O. Box 30670  
Lansing, MI 48909  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

## VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

**PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.**

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Chiropractic <input type="checkbox"/> Counseling <input type="checkbox"/> Dentistry <input type="checkbox"/> Marriage & Family Therapy <input type="checkbox"/> Medicine	<input type="checkbox"/> Nursing <input type="checkbox"/> Nursing Home Adm. <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry <input type="checkbox"/> Osteopathy	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician's Assistants <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychology
<input type="checkbox"/> Sanitarians <input type="checkbox"/> Social Work <input type="checkbox"/> Veterinary		
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State.  
Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

**PART II: To be completed by the State Licensing Board.**

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

### CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

( S E A L )

\_\_\_\_\_  
Title

\_\_\_\_\_  
Full Name of Licensing Board